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11-1  
10-2

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/009551 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	2					
5	2					
6	2					
7	4					
8	2					
9	2					
10	2					
11	2					
12	2					
13	4					
14	2					
15	1					
16	1					
17	1					
18	1					
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21	1					
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TOTAL IND.	3		↓		↓	
TOTAL DEP.	39	↔	↔	↔	↔	↔
TOTAL CLAIMS	42	████████	████████	████████	████████	████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS		████████	████████	████████	████████	████████

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
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